

## DISTINGUISHED LEADERSHIP AWARDS



This annual award was established in 2005 in honor of longtime disability advocate David Scott of Indianapolis. David's life exemplified the characteristics of a true leader. He was a powerful advocate for people with disabilities with a vast knowledge of human service systems. Over many years of advocacy, he went out of his way to ensure people received the help and encouragement they needed. In his quiet but persistent way, David made the world we live in a much better place. His untimely death led to a realization that there is a need to celebrate and recognize the efforts of the Indiana disability community's most valuable resource -- the advocates.

**1. Award Description:** This award recognizes one person with a disability and one parent of a child with a disability for outstanding and sustained advocacy efforts which have advanced the independence, productivity and inclusion of people with disabilities in society.

**2. Eligibility and Selection:** Any disability advocate who lives in Indiana and has a disability or is the parent of a child with a disability is eligible. The Council will select one individual with a disability and one parent of a child with a disability based on criteria established for the award.

**3. Criteria:** Candidates considered for this award will be judged using the following criteria:

- (a) **Achievement:** Candidate has a record of achievements that show a positive and lasting impact on the broad community of people with disabilities or within their area of disability interest.
- (b) **Impact:** Candidate has had state or local impact which has attracted wide recognition.
- (c) **Collaboration:** Candidate demonstrates ability to collaborate with others; to follow when necessary; and to cultivate new leaders within their organizations and communities.
- (d) **Longevity:** Candidate has made long-term contributions over time.

## APPLICATION GUIDELINES

Submissions for the **Distinguished Leadership Award** should contain information about the candidate's contributions and how the candidate has made a difference in the: community, state, local organization(s), and/or disability related cause(s). **Self-nominations are encouraged.**

**Please include the following information in the nominations:**

- (a) **Cover sheet:** Complete the enclosed nomination cover sheet and attach additional information corresponding to the items below.
- (b) **Overview narrative:** Provide a summary of why the individual deserves the award.
- (c) **Achievement:** Describe specific accomplishments resulting from the person's work.
- (d) **Impact:** Describe how other people or groups have benefitted. What difference has the individual made?
- (e) **Connections:** List names of committees and organizations including positions and dates of service.
- (f) **Supportive documentation:** Examples include: letters of endorsement from groups or representatives of organizations who work with the nominee in different capacities; evidence of past recognition of contributions; and newspaper articles or media clippings if available.



**Application Deadline is Friday, August 22, 2011.**

### AWARDS AND RECOGNITION

Award recipients will be recognized at the Council's Annual Conference for People with Disabilities during an awards luncheon on Tuesday, November 29, 2011 at the Westin Hotel in downtown Indianapolis.

Award recipients and one guest will be offered a scholarship to attend the full conference on November 29<sup>th</sup> and 30<sup>th</sup>. The scholarship includes registration fees, parking, and double occupancy overnight hotel accommodations for award recipients living outside of the Indianapolis area.

### Candidate Information

Candidate: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: IN Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Individual Submitting Nomination

Candidate: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: IN Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Does the candidate know you are nominating them? ☐ Yes ☐ No

### Award Category (Please check appropriate box)

☐ Individual with a Disability

☐ Parent of a Child with a Disability

### Instructions

Attach additional information listed under the application guidelines and submit to:

#### COMMUNITY SPIRIT AWARDS

c/o Governor's Council for People with Disabilities  
402 W. Washington St., Room E145  
Indianapolis, IN 46204  
Or e-mail to: [bwade@gpcpd.org](mailto:bwade@gpcpd.org)  
317-232-7770 (phone)  
317-233-3712 (fax)

Guidelines and nomination cover sheets are also available on line at:  
[www.in.gov/gpcpd](http://www.in.gov/gpcpd)

Alternative formats are available on request